



ADDRESS INFORMATION REQUEST

AGENCY CONTROL NO.

IMPORTANT: Prepare a separate form for each address verification or correction.

TO

POSTMASTER
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INSTRUCTIONS: Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

NAME

NAME KNOWN ADDRESS (Street, city, State, zip code)

CERTIFICATION: I certify that the address information for this individual is required for the performance of this agency's official duties. The stamps, meter strip, or Government check in payment of the fee are attached.

SIGNATURE AND TITLE OF AGENCY OFFICIAL

DATE

FOR POST OFFICE USE ONLY

TYPE OF ACTION

☐ MAIL IS DELIVERED TO ADDRESS GIVEN☐ NOT KNOWN AT ADDRESS GIVEN☐ MOVED, LEFT NO FORWARDING ADDRESS☐ NO SUCH ADDRESS☐ OTHER (Specify below)

NEW ADDRESS

BOXHOLDER'S STREET ADDRESS

AGENCY RETURN ADDRESS
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POSTMARK / DATE STAMP